RENNES HEALTH CENTER EAST FDD

701 WILLOW ST

PESHTIGO	54157	Phone: (715) 582-3962		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	13	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	13	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/04:	12	Average Daily Census:	14

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04)					
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	0.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	25.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	25.0	More Than 4 Years	75.0	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	33.3			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.3		100.0	
Adult Day Care	Alcohol & Other Drug Abuse	0.0	85 - 94	8.3	*********			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Residents		
Home Delivered Meals No		Fractures	Fractures 0.0 100.0 (12/		(12/31/04)			
Other Meals	No	Cardiovascular	0.0	65 & Over	75.0			
Transportation	No	Cerebrovascular	0.0			RNs	9.0	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	10.6	
Other Services	No	Respiratory		0.0		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	58.3	Aides, & Orderlies	38.9	
Mentally Ill	No			Female	41.7			
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		P	rivate Pay	2		amily Care			anaged Care	Į		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				12	100.0	227	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	12	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		12	100.0		0	0.0		0	0.0		0	0.0		0	0.0		12	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		75.0	25.0	12
Other Nursing Homes	0.0	Dressing	16.7		66.7	16.7	12
Acute Care Hospitals	0.0	Transferring	50.0		41.7	8.3	12
Psych. HospMR/DD Facilities	0.0	Toilet Use	41.7		50.0	8.3	12
Rehabilitation Hospitals	0.0	Eating	58.3		41.7	0.0	12
Other Locations		*******	******	*****	******	********	******
Total Number of Admissions	0	Continence		용	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Re	espiratory Care	8.3
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	ıt of Bladder	50.0	Receiving To	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	it of Bowel	50.0	Receiving St	uctioning	0.0
Other Nursing Homes	60.0				Receiving Os	stomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving To	ube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Me	echanically Altered Diets	75.0
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	t Characteristics	
Deaths	40.0	With Pressure Sores		0.0	Have Advance	e Directives	100.0
Total Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	5	İ			Receiving Pa	sychoactive Drugs	25.0
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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This		FDD		All
	Facility	lity Fac:		Fac	ilties
	%	8	Ratio	%	Ratio
ccupancy Rate: Average Daily Census/Licensed Beds	94.5	93.1	1.01	88.8	1.06
urrent Residents from In-County	50.0	35.3	1.42	77.4	0.65
dmissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00
dmissions/Average Daily Census	0.0	20.4	0.00	146.5	0.00
ischarges/Average Daily Census	35.7	28.3	1.26	148.0	0.24
ischarges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00
esidents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
esidents Aged 65 and Older	75.0	16.0	4.68	87.9	0.85
itle 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51
rivate Pay Funded Residents	0.0	0.5	0.00	20.6	0.00
evelopmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
entally Ill Residents	0.0	0.4	0.00	33.6	0.00
eneral Medical Service Residents	0.0	0.4	0.00	21.1	0.00
mpaired ADL (Mean)*	41.7	55.0	0.76	49.4	0.84
sychological Problems	25.0	48.1	0.52	57.7	0.43
ursing Care Required (Mean)*	10.4	10.7	0.97	7.4	1.40
